

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F01000003272**

1. Corporation Name

**SEATTLE MORTGAGE COMPANY**

Principal Place of Business

Mailing Address

190 QUEEN ANNE AVENUE N.  
#500  
SEATTLE WA 98109

190 QUEEN ANNE AVENUE N.  
#500  
SEATTLE WA 98109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

06/18/2001

5. FEI Number

91-0495915

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	STORY, ROBERT E	3800 44TH AVE. NE	SEATTLE WA 98105
V	SMITH, DAVID C	6837 54TH NE	SEATTLE WA 98115
S	BELL, JEAN	16120 NE 15TH	BELLEVUE WA 98008
T	SAITO, ROBERT	7410 W MERCER WAY	MERCER ISLAND WA 98040

100025630531  
12/19/03--01040--002 \*\*150.00

8. Name and Address of Current Registered Agent

MERRIFIELD, CYNTHIA  
950 TAMARIND CIRCLE  
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Cynthia J. Merrifield Date 10/29/03  
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jean Bell (Jean Bell) 11/25/03 (206)568-7803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



**SEATTLE  
MORTGAGE**

Seattle Mortgage Company  
Reverse Mortgages  
190 Queen Anne Avenue N.  
Suite 500  
Seattle, WA 98109  
1-800-643-6610  
206-281-1500  
fx 206-281-5313  
[www.seattlefinancialgroup.com](http://www.seattlefinancialgroup.com)

December 16, 2003

Florida Department of State  
Divisions of Corporations  
Annual Report/Reinstatement Section  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

To Whom It May Concern:

Seattle Mortgage Company, to the best of my knowledge, did not receive prior UBR notices and are requesting that the reinstatement fee be waived.

Sincerely,

Jean Bell  
Secretary